

**BILLINGS ADULT MISDEMEANOR TREATMENT COURT (BAMTC)**  
**REFERRAL FORM**

**DATE:** \_\_\_\_\_

**CLIENT INFORMATION:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SOCIAL SECURITY:** \_\_\_\_\_

**ATTORNEY NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**COURT (please circle one):**      **DUI**                      **DRUG**                      **CO-OCCURRING**

**OFFENSE**

**DATE CHARGED**

**DOCKET #**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERRING AGENCY OR DEPARTMENT:** \_\_\_\_\_

**NAME OF PERSON MAKING REFERRAL:** \_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_

**\*\*\*IF A CLIENT IS BEING REFERRED ON A FELONY, WE MUST HAVE VERIFICATION THAT THE PROSECUTING ATTORNEY IS ON-BOARD WITH THE CLIENT BEING REFERRED TO A MUNICIPAL TREATMENT COURT PRIOR TO CONSIDERATION\*\*\***

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[bamtreferrals@billingsmt.gov](mailto:bamtreferrals@billingsmt.gov)

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